

CITY OF MARIETTA TERMINATED CONSOLIDATED RETIREMENT PLAN PARTICIPANT INFORMATION FORM

You have been identified as a terminated participant in the City of Marietta/BLW Consolidated Retirement Plan. That is, you departed the City as a vested former employee with at least five years of total credited service if hired before March 18, 2008, seven years of total credited service if hired between March 18, 2008, and December 31, 2008, and ten years of total credited service if hired on or after January 1, 2009. Please complete this form in its entirety. This will allow the Department of Human Resources and Risk Management to update its records for all terminated Consolidated Retirement Plan participants.

Normal Retirement Eligibility: Age 65 / **Early Retirement Eligibility:** Age 55

Full Name: _____ Phone #: _____

Date of Birth: _____ Last 4 digits of Social Security Number: xxx-xx-_____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Email Address: _____

Please provide emergency contact information below:

Contact Name: _____ Phone #: _____

Relationship: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Email Address: _____

This is to certify that the information above is true to the best of my knowledge, and that I will contact the City of Marietta as soon as possible with any changes in status.

Signature of Former Employee

Date

Note: If the former employee is unable to complete or sign this form, please contact the City of Marietta at one of the numbers listed below.

Thank you for your assistance. If you have any questions, please contact the Benefits Division at 770-794-5564 or 770-794-5569.

City of Marietta Pension Information Here: <http://www.mariettaga.gov/city/cityhall/hr/pension>